

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091673

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: SOTRAGEN VENTURES LLC

## Current Principal Place of Business:

P.O. BOX 15557  
PETIONVILLE  
HAITI, XX

## New Principal Place of Business:

103, RUE RIGAUD  
PETION VILLE, OU HA

## Current Mailing Address:

P.O. BOX 15557  
PETIONVILLE  
HAITI, XX

## New Mailing Address:

P.O. BOX 15557  
PETION VILLE, OU HA

FEI Number: 98-0452231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ROY, REYNOLD  
Address: P.O. BOX 15557  
City-St-Zip: PETIONVILLE, , HAITI

Title: MGR ( ) Delete  
Name: ROY, NICOLE  
Address: P.O. BOX 15557  
City-St-Zip: PETIONVILLE, , HAITI

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ROY, REYNOLD  
Address: 103, RUE RIGAUD  
City-St-Zip: PETIONVILLE, OU HA

Title: MGR (X) Change ( ) Addition  
Name: ROY, NICOLE  
Address: 103, RUE RIGAUD  
City-St-Zip: PETIONVILLE, OU HA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REYNOLD ROY

MGR

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date